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**CENTRAL FAX CENTER****AUG 21 2006****FAX TRANSMISSION****DATE:** August 21, 2006**PTO IDENTIFIER:** Application Number 10/795,848-Conf. #1275  
Patent Number**Inventor:** Charles R. Szmanda**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP  
Christine C. O'Day**PHONE:** (617) 439-4444**Attorney Dkt. #:** 52022(70329)**PAGES (Including Cover Sheet):** 8**CONTENTS:** Transmittal (1 page)  
Response to Restriction Requirement (2 pages)  
Fee Transmittal (1 page)  
Five Month Request for Extension of Time Under 37 C.F.R. 1.136(a) (2 pages)  
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AUG 21 2006

PTO/SB/07 (09-04)

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Application No. (if known): 10/795,848

Attorney Docket No.: 52022(70329)

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Transmittal (1 page)

Response to Restriction Requirement (2 pages)

Fee Transmittal (1 page)

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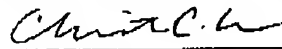
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<h2 style="text-align: center;">TRANSMITTAL FORM</h2> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>	Application Number	10/795,848
	Filing Date	March 8, 2004
	First Named Inventor	Szmanda
	Art Unit	1713
	Examiner Name	R. Harlan
Total Number of Pages in This Submission	Attorney Docket Number	52022 (70329)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Christine C. O'Day		
Date	August 21, 2006	Reg. No.	38,256

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Dated: August 21, 2006	Signature: <u>Susan Dillon</u> (Susan Dillon)

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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/795,848-Conf. #1275
		Filing Date	March 8, 2004
		First Named Inventor	Charles R. Szmanda
		Examiner Name	R. D. Harlan
		Art Unit	1713
TOTAL AMOUNT OF PAYMENT		(\$)	2,160.00
		Attorney Docket No.	52022(70329)

## METHOD OF PAYMENT (check all that apply)

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

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☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
11P = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.						

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x		

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1255 Extension for response within fifth month	2,160.00

SUBMITTED BY		Registration No.	38,256	Telephone	(617) 439-4444
Signature	<i>Christine C. O'Day</i>	(Attorney/Agent)		Date	August 21, 2006
Name (Print/Type)	Christine C. O'Day				